

Attorney Docket No.: 59472-8015.US01

2643

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on the date shown below, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: January 9, 2004

Valerie Peterson
Valerie Peterson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Laurence A. Thompson Examiner: Lun S. Lao
Serial No.: 09/478,122 Group Art Unit: 2643
Filing Date: January 5, 2000 Confirm. No.: 1276
For: **AUDIO SIGNAL DELAY APPARATUS AND METHOD**

TRANSMITTAL FOR AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop: Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

RECEIVED

JAN 16 2004

Technology Center 2600

Dear Sir:

- ☒ Applicant(s) transmit(s) the following enclosures:
- ☒ Amendment And Response to Office Action
 - ☐ Information Disclosure Statement
 - ☐ PTO Form 1449, with _____ references
 - ☒ Check for fees below described
 - ☒ Self-addressed stamped postcard.

STATUS

- ☒ Applicant claims large entity status.

EXTENSION OF TIME

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS (UTILITY)

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		SMALL ENTITY Filing Fee: \$385.00		OR	OTHER THAN A SMALL ENTITY Filing Fee: \$770.00	
Claims Remainin g After Amendme nt			Highest No. Previousl y Paid For		Present Extra		Rate	Addit. Fee		Rate	Addit. Fee
Total	35	Minus	34	=	1	x9=	\$			x18=	\$ 18.00
* Indep.	2	Minus		=		x43=	\$			x86=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							+145=	\$		x290=	\$0
							TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$ 18.00

- ☐ No additional fee for claims required.
☒ Total additional fee for claims required \$18.00

FEE PAYMENT

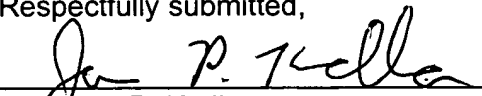
☒ Attached is check No. 2009 the sum of \$18.00 as payment for 1 additional dependent claim as noted above.

FEE DEFICIENCY

☒ The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2207. A duplicate of this authorization is enclosed for that purpose.

Date: January 9, 2004

Respectfully submitted,


Jonathan P. Kudla
Reg. No. 47,724

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